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NEWHAVEN URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the

Medical Officer of Health

for the

YEAR ENDED - 31st DECEMBER, 1963



NEWHAVEN URBAN DISTRICT COUNCIL

HEALTH AND HOUSING COMMITTEE

CONSTITUTION AT 31st DECEMBER, 1963

Chairman

Mr. V. Hedges

Vice Chairman

Mrs. A. Metcalfe

Mrs. N.A. Bennett, J.P.

Mr. A.R.J. Tucker

Mr. H.T. Amy

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Mr. J. Angus

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Mr. S.G. Garnet

Mr. A.H. Read

Mr. C.G. White

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PUBLIC HEALTH DEPARTMENT

Medical Officer of Health

J.L. Cotton, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.,

The Grange, Southover, Lewes
Telephone No:- Lewes 4282

Public Health Inspector

W.P. Harrison, M.R.S.H.

Office Staff

Miss D.D. Southgate (Appointed 30th September, 1963)

To the Chairman and Members of the Newhaven Public Health
and Housing Committee

Mr. Chairman and Gentlemen,

I have the honour to submit the Annual Report on the state of public health and on the sanitary circumstances of Newhaven for 1963.

The vital statistics of the area compare very favourably with those for England and Wales and do not call for any special comment. During the year the comparability factors supplied by the Registrar General were revised following the 1961 census. This means that the corrected birth and death rates now approximate much more closely to the national figures than in recent years.

One hundred and ten cases of infectious disease were notified during the year of which 99 were cases of measles. 1963 was a measles year as expected since measles epidemics tend to occur every other year and the last outbreak was in 1961 when 276 cases were notified. Measles continues to be a notifiable disease in spite of representations to the Ministry to remove measles from the list of notifiable diseases. Many Medical Officers of Health, including myself, believe that no useful purpose (other than statistical) is served by continuing to retain measles as a notifiable disease. Only 11 other cases of infectious disease were notified during the year and none of these gave any cause for concern. In addition 5 new cases of pulmonary tuberculosis were notified.

No further action was taken in regard to unfit houses in the town and it is impossible to make any substantial progress until the Council undertake further Council house building. No council houses were in the course of construction in 1963.

The East Sussex County Council as the Local Health Authority sought the opinions of the constituent District Councils on the question of fluoridation of water supplies. Newhaven are strongly in favour of no action being taken and at the present time the matter rests with the County Council who have postponed a decision so far. I can only reiterate what I have said on previous occasions. All the evidence shows that the amount of dental decay in the population can be more than halved when fluoride is present to the concentration of one part per million (1 p.p.m.) in the water supply. The benefit is first apparent in children but after a number of years these children will enter adult life with sound teeth and so the state of the nation's teeth will steadily improve. No evidence that will stand up to investigation has been produced that fluoride occurring in water in the concentration of 1 p.p.m. has any harmful effects whatsoever. Millions of people in various parts of the world are drinking water that contains fluoride in a concentration of 1 p.p.m. or more without any harmful effects but with excellent teeth. The same results are found in areas where fluoride is artificially introduced into the water supply to raise the concentration of the naturally occurring fluoride to 1 p.p.m. The state of the nation's teeth is deplorable

and it is sound preventive medicine to remedy this by artificially raising the level of fluoride to the level at which the teeth can benefit. It is significant that the County Borough of Birmingham is the first authority to artificially introduce fluoride into its water supply which serves a population of one and a quarter million people. Birmingham has always been known as a most progressive authority, not only in public health but also in many other matters.

The outbreak of typhoid in Aberdeen illustrates that the danger of epidemics of infectious diseases is still with us, and that vigilance must be maintained. This is particularly true of the ingestion diseases; that is those diseases caused by organisms entering the body through the mouth. Methods of control are chiefly prevention of bowel to mouth infection by sanitary disposal of excreta and provision of pure food and drink. Whilst our drinking water supplies can be considered safe, the same cannot be said of our food supplies. The handling of food all too often leads to contamination with the resulting outbreaks particularly of food poisoning and dysentery; typhoid is now normally an uncommon disease in the country. If food was handled hygienically, this contamination would not occur but standards of food hygiene are sometimes deplorably low. Hand washing is essential after use of the toilet for everyone if the risk of contamination is to be reduced. If a food handler neglects this precaution he can risk the health of many people. The general public could do much more to raise the standards of food hygiene by refusing to tolerate any insanitary methods of food handling. They should complain loudly and continuously whenever cooked food stuffs are touched by hand, whenever they are served with dirty or chipped crockery and dirty cutlery and whenever adequate toilet facilities do not exist. There is a tendency in this country to put up with existing conditions rather than to complain, but the more complaints there are about these unhygienic practices, the more the work of the public health department is helped. Your officials can only do a certain amount - it is up to the public to raise their standards. They will get the standard of service they demand.

In conclusion, I should like to express my appreciation to the Members of the Council for the help and support I have received from them during the year. My thanks are also due to Mr. Harrison for his valuable assistance and to other officials of the Council for their courtesy and co-operation.

I am Mr. Chairman and Gentlemen,
Your obedient Servant,

J.L. COTTON,

Medical Officer of Health

SECTION 1

STATISTICS FOR THE AREA

(a) GENERAL STATISTICS

Area (acres)	1,772
Population (Registrar General's estimate for mid year 1963)	8,780
Population (1931 Census)	7,381
Population (1951 Census)	7,783
Population (1961 Census) 1st estimate	8,325
Net increase of population during the year	260
Number of occupied houses 1951	2,196
Number of occupied houses 1963	2,831
Rateable Value (1st April, 1964)	£368,419
Product of penny rate	£1,529

(b) VITAL STATISTICS

1. Births and Birth Rates	NEWHAVEN U.D.	ENGLAND & WALES
Live Births	143	
Live birth rate per 1,000 population (crude)	16.3	18.2
* Corrected birth rate	18.4	
Illegitimate live births per cent of total live births	6.3	
Still-births	2	
Still-birth rate per 1,000 live and still births	13.8	17.3
Total live and still-births	145	

Live births	Male	Female	Total
Legitimate	66	68	134
Illegitimate	4	5	9
	70	73	143

2. Deaths and Death Rates

Deaths	137	
Death rate per 1,000 population (crude)	15.6	
* Corrected death rate	12.3	12.2
Infant deaths (deaths under 1 year)	3	
Total infant deaths per 1,000 total live births	21.0	20.9
Maternal mortality (including abortions)		
Number of deaths	0	244
Rate per 1,000 live and still births	0	0.28

* In order to compare deaths rates and birth rates in different parts of the country, the Registrar General supplies comparability factors for every district, so as to adjust for irregularities regarding age and sex in the local population. Applying a comparability factor of 1.13 to the crude birth rate of 16.3 the adjusted rate becomes 18.4 which is higher than the figure of 18.2 for England and Wales. Similarly a comparability factor of 0.79 applied to the crude death rate makes the adjusted rate 12.3. This is higher than the rate for England and Wales at 12.2.

POPULATION

The population of Newhaven for the last ten years is given below:-

<u>Year</u>	<u>Population</u>	<u>Births</u>	<u>Deaths</u>	<u>Birth Rate</u>	<u>Adjusted Birth Rate</u>	<u>Death Rate</u>	<u>Adjusted Death Rate</u>
1954	7,940	124	113	15.62		14.23	
1955	7,980	118	123	14.79		15.41	
1956	7,960	135	94	16.96		11.81	
1957	8,030	99	105	12.33		13.07	
1958	8,020	121	107	15.09	15.54	13.34	11.47
1959	8,010	103	98	12.86	13.24	12.23	10.03
1960	8,160	136	103	16.66	17.16	12.62	10.22
1961	8,360	117	109	14.00	14.42	13.38	10.70
1962	8,520	145	134	17.00	17.5	15.7	13.4
1963	8,780	143	137	16.30	18.4	15.6	12.3

The increase in population during 1963 was 260 and it seems likely that the population will continue to rise at a steady rate over the foreseeable future.

MATERNAL MORTALITY

No case of maternal mortality occurred in Newhaven during 1963. Only one maternal death has occurred in the area during the last twenty-seven years.

INFANTILE MORTALITY

Three infant deaths occurred in 1963 in Newhaven.

BIRTH RATE

The corrected birth rate is slightly higher than that for England and Wales.

DEATH RATE

The corrected death rate of 12.3 per 1,000 population was very slightly higher than the national figure of 12.2.

Highest age at death was 96 years

Lowest age at death was 16 minutes

Average age at death was 72.1 years

MAIN CAUSES OF DEATH

		<u>% of deaths</u>
(1)	Diseases of the heart and circulatory system	57
	(Coronary Disease accounted for)	14
		41.6
		10.2
(2)	Cancer (all sites)	23
	(Cancer of the lung or bronchus accounted for)	1
		16.8
		0.7

NATIONAL ASSISTANCE ACT 1948

It was not necessary to take action under Section 47 of the above Act which gives the Council power to remove to suitable premises persons who are not able to devote to themselves and are not receiving from other persons adequate care and attention.

Cause of Death	Sex	Total	Under	4 Weeks	Age in Years								
		All Ages	4 Weeks	& under 1 Year	1-	5-	15-	25-	35-	45-	55-	65-	75 & over
Malignant Neoplasm	M	3	-	-	-	-	-	-	1	-	-	-	2
- Stomach	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm	M	-	-	-	-	-	-	-	-	-	-	-	-
- Lung, Bronchus	F	1	-	-	-	-	-	-	-	-	-	1	-
Malignant Neoplasm	M	-	-	-	-	-	-	-	-	-	-	-	-
- Breast	F	3	-	-	-	-	-	-	-	-	-	1	2
Other Malignant & Lymphatic Neoplasms	M	10	-	-	-	-	-	-	-	-	4	3	3
	F	6	-	-	-	-	-	-	1	-	-	-	5
Diabetes	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Vascular Lesions of Nervous System	M	3	-	-	-	-	-	-	-	-	-	1	2
	F	22	-	-	-	-	-	-	-	1	2	6	13
Coronary Disease	M	9	-	-	-	-	-	-	-	2	2	2	3
- Angina	F	5	-	-	-	-	-	-	-	-	1	2	2
Hypertension with Heart Disease	M	5	-	-	-	-	-	-	-	-	-	2	3
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other Heart Disease	M	6	-	-	-	-	-	-	-	-	2	1	3
	F	28	-	-	-	-	-	-	-	-	2	6	20
Other Circulatory Disease	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	3	-	-	-	-	-	-	-	-	1	1	1
Influenza	M	2	-	-	-	-	-	-	-	-	-	1	1
	F	1	-	-	-	-	-	-	-	-	-	-	1
Pneumonia	M	2	-	-	-	-	-	-	-	-	1	1	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Bronchitis	M	9	-	-	-	-	-	-	-	-	1	6	2
	F	4	-	-	-	-	-	-	-	-	-	-	4
Ulcer of Stomach and Duodenum	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Malformations	M	1	-	-	-	1	-	-	-	-	-	-	-
	F	1	1	-	-	-	-	-	-	-	-	-	-
Other Defined & ill-defined Diseases	M	4	2	-	-	-	-	-	-	-	1	-	1
	F	3	-	-	-	-	-	-	-	-	3	-	-
Motor Vehicle Accidents	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
All other Accidents	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
TOTAL ALL CAUSES	M	57	2	-	-	1	-	-	1	3	11	19	20
	F	80	1	-	-	-	-	-	1	1	9	19	49

SECTION 11

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

1. PUBLIC HEALTH FACILITIES OF THE LOCAL AUTHORITY

During the period under review the Medical Officer of Health for Newhaven also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Seaford and the Rural District of Chailey.

One Public Health Inspector carried out duties in the Urban District of Newhaven.

2. LABORATORY FACILITIES

These are provided by the Public Health Laboratory, at the Royal Sussex County Hospital, Brighton.

3. AMBULANCE FACILITIES

The provision of the ambulance service is the responsibility of the East Sussex County Council.

The area served by the ambulance includes the districts of Newhaven, Peacehaven, Telscombe, Piddinghoe, Tarring Neville and South Heighton. In the event of a further call or calls being received before the ambulance has returned from a previous journey, arrangements are in being for the call to be dealt with by other authorities in the area.

The East Sussex County Council provide facilities for the transport of tuberculosis patients.

4. HOSPITALS

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation which, in this area, was materially the same as in previous years.

5. NURSING IN THE HOME

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the Lewes and District Nursing Association.

6. CLINICS

The Minor Ailments Clinics have been held at the Schools as previously and immunisation clinics have also been held monthly in the town.

7. PROVISION FOR DEALING WITH THE NEEDS OF THE MENTALLY DISORDERED

Under the provisions of the Mental Health Act, 1959, the East Sussex County Council makes provision for dealing with the needs of the mentally disordered. The provision of care in psychiatric hospitals is the responsibility of the Regional Hospital Board.

SECTION 111

SANITARY CIRCUMSTANCES OF THE AREA

1. WATER SUPPLY

The district has two sources of water supply. All supplies are from the mains, direct to houses.

(a) From the Mid Sussex Water Company's well sunk into the chalk at Poverty Bottom.

Seven samples submitted for analysis during 1963 after treatment were of excellent quality. The supply is ample for all purposes.

(b) From the British Railways well at Denton. In addition to providing the main supply to the Harbour this also is supplied to four houses and the Railway and Harbour Hotels.

Fifty-three samples before treatment and fifty-three samples of the treated water from this source were submitted for analysis by the Medical Department of British Railways. The supply is satisfactory in quality and ample in quantity.

2. HOUSING

Fifty-three houses from six slum clearance areas were demolished during 1963, the occupiers have been previously rehoused.

One house was closed under Section 16 of the Act, and the tenant rehoused.

Two houses were dealt with after formal notice under Section 9.

Nine houses were improved with the aid of grants at a cost to the Council of £1,651. No council houses were completed or in course of construction in 1963.

One hundred and eight private houses were built during the year.

The Council at 31st December, 1963, owned 615 houses and flats

3. SEWERAGE

All premises in the district are connected to the sewers with the following exceptions:-

Premises with Cesspools

West Pier	2
Court Farm Road	24
Harbour Heights	39
Denton and Mount Pleasant	40
Lewes Road	9
New Road	2
Valley Road	8

Premises with earth closets

NIL

All premises previously served by pail or earth closets have now been connected to the sewers.

Steady progress is being made in the Denton and Mount Pleasant areas with the construction of branch sewers to the new sewerage system and it is anticipated that the remaining 40 cesspools, with one or two exceptions, will be abolished in the near future.

The major works undertaken in the reconstruction of the West side sewer and the provision of treatment and outfall works is nearing completion and the system should be fully operational before Mid 1964.

4. SCAVENGING

Household refuse was collected from all premises in the area within fifty yards of a reasonably accessible road. Trade refuse was collected where necessary twice a week. All refuse was disposed of by controlled tipping on the Council tip on Denton Island. Arrangements have continued whereby private persons are, on the production of an authorization, allowed to place waste material or trade refuse on the tip. The bulk of both types of material continues to increase to an alarming degree and the remaining space on the tip is becoming filled. It is essential that an alternative area for tipping be secured as soon as possible. Steps were taken to acquire a suitable site.

5. The following is a list of the number and nature of inspections carried out during the year by your Public Health Inspector.

Housing:

Inspections under the Public Health Act	78
Reinspections under the Public Health Act	74
Inspections under the Housing Acts	87
Reinspections under the Housing Acts	78

Infectious Diseases:

Enquiries	8
Specimens to Laboratory	4

General Sanitation:

Drainage	55
Stable and Piggeries	30
Fried Fish Shops	52
Factories and workshops	65
Bakehouses	30
Public Conveniences	68
Refuse Collection	39
Refuse Disposal	5
Rats and Mice	74
Tents, Vans and camping sites	146
Miscellaneous visits	112

Meat and Food Inspections:

Butchers	74
Fishmongers	56
Grocers	79
Ice Cream premises	115
Restaurants and Cafes	85
Food Hygiene Regulations	65

6. INSPECTIONS OF SHOPS AND OFFICES

Shops and offices were regularly inspected and with the exception of minor items, were found to be satisfactory.

7. ERADICATION OF BED BUGS

Number of houses infested:

Council houses Nil
Other houses Nil

8. PREMISES CONTROLLED BY BYELAWS AND REGULATIONS

(a) Clean Food Byelaws are in force, made under Section 15 of the Food and Drugs Act, 1938.

(b) Slaughter of Animals. There are no slaughterhouses in the district. Fresh meat is obtained principally from slaughterhouses and markets in Brighton and Chailey. There are two licensed slaughtermen in the district.

(c) Milk Supply. The premises from which milk is supplied to the district retail received special attention.

(d) Other Foods. All premises where food is prepared for sale were inspected regularly. The requirements of the Food Hygiene Regulations and the Clean Food Byelaws were observed.

9. UN SOUND FOOD

The following foodstuffs were found to be unsound and were condemned and suitably disposed of:-

	CWT.	QTS.	LBS.
Fruit (tinned various)	-	1	24
Meat (tinned)	-	1	13
(home killed)	3	0	18
Fish (tinned)	-	-	3
(wet)	-	-	14
Vegetables (tinned)	-	-	26
(fresh)	4	0	0
Various	-	-	20
	8	2	6

10. FACTORIES ACT 1961

In the Urban District of Newhaven there are two factories on the register in which Sections 1,2, 4, 6 and 7 of the above Act are enforced and sixty-two in which Section 7 only is enforced by the Authority.

PART 1 OF THE ACT

1. Inspections for purposes of provision as to health (including inspections made by the Public Health Inspector)

PREMISES	NUMBER ON REGISTER	INSPECTIONS	WRITTEN NOTICES	OCCUPIERS PROSECUTED
(1) Factories in which Sections 1, 2,3,4 & 6 are to be enforced by the Local Authority.	2	4	Nil	Nil
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.	62	60	7	Nil
(3) Other premises in which Section 7 is enforced by L.A. (Excluding outworkers premises)	5	1	Nil	Nil
TOTAL	69	65	7	Nil

2. Cases in which defects were found

PARTICULARS	FOUND	REMEDIED	REFERRED TO H.M. INSPECTOR	REFERRED BY H.M. INSPECTOR	NO. OF CASES IN WHICH PROSECUTIONS WERE INSTITUTED
Sanitary Conveniences (S.7.) Insufficient	1	1	-	1	-
Unsuitable or defective	3	3	-	3	-
Not separate for sexes.	-	-	-	-	-
TOTAL	4	4	-	4	-

PART VIII OF THE ACT

Outworkers

Nature of work	SECTION 133		SECTION 134			
	No. of outworkers in August list required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel Making	1	-	-	-	-	-

SECTION 1V

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INFECTIOUS DISEASES

One hundred and ten cases of infectious disease were notified in Newhaven during 1963. The details were as follows:-

DISEASE	NUMBER OF CASES	ADMITTED TO HOSPITAL	DEATHS
Measles	99	-	-
Whooping Cough	6	1	-
Pneumonia	3	2	-
Scarlet Fever	1	-	-
Dysentery	1	-	-

The following figures relating to Vaccination and Immunisation were supplied by the East Sussex County Council:-

DIPHTHERIA IMMUNISATION

	CHILDREN BORN IN YEARS:-							TOTAL
	1963	1962	1961	1960	1959	1954 1958	1949 1953	
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA DURING 1963	51	98	6	2	4	11	5	177
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION DURING 1963.	-	15	-	1	20	126	34	196

Since immunisation was first introduced there has been a persistent and dramatic fall in the number of cases of diphtheria and also in the number of deaths from diphtheria. This fall continued until a year or two ago but since that time several locally severe outbreaks of diphtheria have occurred. I cannot urge parents too strongly to ensure that their children are protected against this disease since almost all the cases and deaths occur amongst non-immunised children. It has become all too common to regard diphtheria as a dying disease and to think that because it is no longer prevalent, there is no need to have children immunised. This is a very dangerous practice and every child should be immunised during infancy and again at the start of school life.

WHOOPING COUGH IMMUNISATION

	YEAR OF BIRTH							TOTAL
	1963	1962	1961	1960	1959	1954 1958	1949 1953	
NUMBER OF CHILDREN WHO HAVE COMPLETED A PRIMARY COURSE (normally three injections) OF PERTUSSIS VACCINE (Singly or in combination) IN THE AUTHORITY'S AREA DURING THE YEAR 1963.	51	96	6	2	4	7	5	171

VACCINATION AGAINST SMALLPOX

The following persons were vaccinated or revaccinated against smallpox in 1963.

AGE AT DATE OF VACCINATION	0 - 3 months	3 - 6 months	6 - 9 months	9-12 months	1 year	2-4 years	5-14 years	15 or over	TOTAL
NUMBER VACCINATED	4	5	-	-	3	-	1	4	17
NUMBER REVACCINATED	-	-	-	-	-	1	3	30	34

During and since the recent outbreaks of smallpox a lot of confusion has been caused to the general population by the arguments for and against smallpox vaccination. The Ministry of Health have now issued a Memorandum on Vaccination against smallpox. The salient features are as follows:-

A. Routine Primary Vaccination in Early Childhood

(1) Optimum Age. - Routine primary vaccination is not now recommended in the first few weeks of life but should be done before the age of 2 years, preferably during the second year.

(2) Contra-indications-

- (a) exposure to infectious disease
- (b) septic skin conditions
- (c) infantile exzema or any other allergic condition - these are absolute contra-indications to routine primary vaccination
- (d) hypogammaglobulinaemia
- (e) cortico-steroid treatment
- (f) failure to thrive

B. Routine Primary Vaccination at Later Ages

- (1) Although at any age the risk of serious complications following vaccination is much smaller than the risk of death run by those exposed to smallpox while unvaccinated, primary vaccination is not advised as a routine after early childhood. But, if not performed in early childhood, primary vaccination at a later age may eventually become necessary e.g. when serving with the armed forces, as a condition of employment and before undertaking foreign travel.

- (2) Contra-indications. Consideration must be given to -
- (a) septic skin conditions
 - (b) a history of or the presence of eczema
 - (c) hypogammaglobulinaemia
 - (d) cortico-steroid treatment. It is not considered wise to vaccinate routinely patients who are receiving systemic cortico-steroid treatment.
 - (e) early pregnancy. On general principles it is desirable to avoid the use of a live vaccine during the first trimester of pregnancy.

C. Vaccination in the presence of Smallpox

The object is, by primary vaccination or revaccination as soon after exposure or, at most, within three days, to enable the individual to gain immunity to smallpox within the normal incubation period of that disease. In the presence of suspected smallpox there are no absolute contra-indications to the immediate vaccination or revaccination of all close contacts.

SECTION V

TUBERCULOSIS

In 1963 five new cases of pulmonary tuberculosis were notified amongst Newhaven residents. No new case of non-pulmonary tuberculosis was notified. Three cases of pulmonary tuberculosis and two of non-pulmonary tuberculosis were notified amongst people coming to live in the area. No deaths due to tuberculosis occurred in the district during 1963.

NEW CASES AND MORTALITY DURING 1963.

AGE GROUPS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-	-	-
1 - 4	-	-	1 t.i.	-	-	-	-	-
5 - 14	1 t.i.	-	-	-	-	-	-	-
15 - 24	-	1 new-	-	-	-	-	-	-
25 - 34	1 t.i.	-	-	1 t.i.-	-	-	-	-
35 - 44	-	1 new-	-	-	-	-	-	-
45 - 54	-	-	-	-	-	-	-	-
55 - 64	3 New	1 t.i.-	-	-	-	-	-	-
65 +	-	-	-	-	-	-	-	-
TOTALS :	5	3	1	1	-	-	-	-

NUMBER OF CASES ON REGISTER AT
31st DECEMBER 1963.

MALES		FEMALES		TOTAL
Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
57	3	44	8	112
Whereas at 31st December, 1962, the number of cases on the register was:-				
53	2	42	7	104

